

DEPARTMENT OF THE ARMY

Headquarters and Headquarters Company, Second Brigade Combat Team
10th Mountain Division (Light Infantry)
FOB Hammer
APO, AE 09308

AFZS-LF-I

26 APR 10

MEMORANDUM FOR RECORD

SUBJECT: Recent Behaviour of SPC Bradley Manning

1. This additional memorandum supports a 21 DEC 09 MFR, and highlights continued incidences of mental instability in SPC Bradley Manning. The events have reemerged and intensified over a period of two weeks. His instability seems heightened since mid-April 2010, culminating in frequent catatonic periods and claims of dissociation.
2. SPC Manning has exhibited bizarre behaviour, stopping in mid-sentence during conversations, giving blank stares when spoken to, and similar behaviour, which has increased in frequency and intensity. This problem gives an impression of disrespect and disinterest to his noncommissioned officers and officers.
3. Additionally, SPC Manning has reported an altered or dissociated state of consciousness recently. This state gives him the impression of watching himself on a screen, as though events unfolding around him, and pertaining to him, are not actually occurring TO him but someone else.
4. SPC Manning has reported having no sense of time and frequently finds himself in a dreamlike state. He claims this issue resulted in late reporting to his place of duty on 26 APR 10.
5. His noncommissioned officers report him to be distant and distracted at best. His duty competence does not seem to be significantly affected. He sometimes produces accurate products in a timely manner. Other days his performance is significantly degraded. We are unsure at this time if he presents a threat to himself, though he does not seem to be in danger currently in my estimation. His instability is a constant source of concern, however, due to its inherently fluid nature.
6. SPC Manning seems to create internal pressure due to unnamed conflicts he seems unwilling to discuss, and incapable of handling by himself. I recommended he see CH (CPT) Howell on 25 APR 10 to see if the chaplain could provide helpful coping skills or an avenue for discussion not previously explored.

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7. These issues seem to arise in clusters due to internal pressures. SPC Manning is treated the same as other Soldiers in the section.

8. I am familiar with dissociative identity disorder, and sometimes sense the presence of altered personalities during SPC Manning's unsettled periods of behaviour. By self-admission, he experienced a less-than-ideal childhood and abandonment-type situations. I do not assess at this time that SPC Manning's behaviour is spurious but symptomatic of a deeper medical condition unknown at this time. My concern is that SPC Manning's condition is deteriorating and possibly becoming detrimental to the good order of the unit. If required to PCS, I fear the result would be disastrous for SPC Manning, including UCMJ action and a chapter under conditions other-than honorable, etcetera.

9. SPC Manning continues to report the therapy he receives is unproductive, with the doctor's discussions and therapeutic approaches of no value. He sent me an email on 24-25 APR 10, which he later claimed he tried to recall. In summary, SPC Manning stated the problem is longstanding, deep-seated and intensifying despite his best efforts to the contrary. He claims his life and functionality is extremely degraded due to his problems. He fears his only help lies in disciplinary action and possibly chapter. He reports difficulty in sleeping, concentrating, talking with others.

10. The point of contact for this memorandum is the undersigned, at SVOIP (b) (6), or (b) (6) @us.army.mil.


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